OIPE JC177 JAN 17 2003 PATENT & TRADEMARK OFFICE

1631

AMENDMENT TRANSMITTAL LETTER

Docket No. GFN-5341

Application No.	Filing Date	Examiner	Art Unit
09/250083	February 15, 1999	M. Moran	1631

Applicant(s): Andrea Dessen, *et al.*

Invention: CRYSTAL STRUCTURE OF cPLA2 AND METHODS OF IDENTIFYING AGONISTS AND ANTAGONISTS USING SAME

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith for the above-referenced application is:

1) Amendment and Response (19 pages, including Appendix A and Version with Markings to Show Changes Made);
2) Fee Transmittal (1 page, in duplicate);
3) Petition for Three-Month Extension of Time (1 page, in duplicate);
4) Associate Power of Attorney (1 page);
5) Transmittal for Disk containing Sequence Listing (1 page, in duplicate);
6) 7 pages of Sequence Listing (numbered 55-61);
7) Disk containing Sequence Listing; and
8) Return Postcard.

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JAN 22 2003
TECH CENTER 1600/2900

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 20 =		x	
Independent Claims	1	- 3 =		x	
Multiple Dependent Claims (check if applicable)	☐				
Other fee (please specify):	Extension for response within third month				930.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					930.00

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 12-0080 in the amount of $ 930.00. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Lisa M. DiRocco

Dated: January 10, 2003

Lisa M. DiRocco
Attorney Reg. No.: 51,619
LAHIVE & COCKFIELD, LLP
28 State Street
Boston, Massachusetts 02109
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: January 10, 2003 Signature: Lisa M. DiRocco (Lisa M. DiRocco)

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PTO/SB/17 (10-02)
Approved for use through 10/31/2002. OMB 0651-0032
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 930.00

Complete if Known	
Application Number	09/250083
Filing Date	February 15, 1999
First Named Inventor	Andrea Dessen
Examiner Name	M. Moran
Group Art Unit	1631
Attorney Docket No.	GFN-5341

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METHOD OF PAYMENT *(check all that apply)*

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number: 12-0080

Deposit Account Name: Lahive & Cockfield, LLP

The Commissioner is hereby authorized to: *(check all that apply)*

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, **except for the filing fee**

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) ($) 0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims		Fee from below		Fee Paid
Total Claims		-20** =		x		=	
Independent Claims		-3** =		x		=	
Multiple Dependent						=	

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) ($) 0.00

***or number previously paid, if greater; For Reissues, see above*

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee ($)	Small Entity Fee Code	Small Entity Fee ($)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for *ex parte* reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension for reply within second month	
1253	920	2253	460	Extension for reply within third month	930.00
1254	1,440	2254	720	Extension for reply within fourth month	
1255	1,960	2255	980	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive – unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2810	370	For each additional invention to be examined (37CFR 1.129(b))	
1801	740	2801	370	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) ($) 930.00

SUBMITTED BY				Complete *(if applicable)*	
Name (Print/Type)	Lisa M. DiRocco	*Registration No. (Attorney/Agent)*	51,619	*Telephone*	(617) 227-7400
Signature	Lisa M. DiRocco			*Date*	January 10, 2003

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Dated: January 10, 2003 Signature: Lisa M. DiRocco (Lisa M. DiRocco)

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DATE: _____

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